

# STUDENT CHANGE OF DATA FORM

Student ID #: _____ Today's Date: _____ (Month/Day/Year)
Name: _____ (Last) (First) (Middle Initial)
<b>Data to be Changed:</b> <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Reactivate File <input type="checkbox"/> Change of Major Effective Date of Change: _____ (Month/Day/Year)
<b>Name Change</b> (Must be accompanied by legal documentation, i.e., marriage certificate, divorce decree): From: _____ to: _____
<b>Address Change:</b> From: _____ to: _____ (Address) (Address) _____ (City) (State) (Zip) (City) (State) (Zip)
<b>Phone Change:</b> From: H ( ____ ) _____ to: H ( ____ ) _____ C ( ____ ) _____ C ( ____ ) _____
<b>Email Change:</b> From: _____ to: _____
<b>Reactivate File:</b> Last term at DCTC: _____ Major: _____ <input type="checkbox"/> Certificate <input type="checkbox"/> AAS <input type="checkbox"/> Diploma <input type="checkbox"/> AS Term intending to re-start: _____ Major: _____ <input type="checkbox"/> Certificate <input type="checkbox"/> AAS <input type="checkbox"/> Diploma <input type="checkbox"/> AS Admissions items needed: _____ State of Residence: _____ Years: _____ Months: _____
<input type="checkbox"/> <b>Add Major:</b> <input type="checkbox"/> <b>Change Major:</b> From: _____ to: _____ Term intending to start new major: _____ <i>Note: When your major is changed you are obligated for the current catalog requirements in effect for the current year. Please contact an advisor for additional assistance.</i> Admissions items needed: _____ Comments: _____ _____ _____ Student Signature Staff Signature (required)